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Image# 201510209003154352

**FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other Than An A	Authorized Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5		
American Nurses Ass	ociation PAC					
ADDRESS (number and street)	8515 Georgia Avenue Suite 400					
Check if different than previously reported. (ACC)	Silver Spring			MD	20910	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY 🛦	S	STATE 🛦	ZIP COI	DE 🛦
C C00017525	3.		IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	=	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Ĭ.	Apr 20 (M4)	lul 20 (M7)	X Oct 2	20 (M10)	Year Only)  Jan 31 (YE)
April 15 Quarterly Report (	(Q1) (c) 12-Day	Primary (12P	)	General (	(12G)	Runoff (12R)
July 15 Quarterly Report (	(Q2) PRE-Election Report for the	e: Convention (	12C)	Special (	12S)	
October 15 Quarterly Report (	(Q3)		D D /	Y   Y   Y   Y	in the	_
January 31 Year-End Report (	(YE) Ele	ection on			State of	f
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the	,	i)	Runoff (3	0R)	Special (30S)
Termination Repor (TER)		ection on	D D /	Y	in the State of	f
5. Covering Period	09 01 201	through	M M M	/ D D /	2015	
I certify that I have examined t	this Report and to the bes	t of my knowledge and b	elief it is true	e, correct and	I complete.	
Type or Print Name of Treasur	er Sylvia Weber					
Signature of Treasurer Sylv	via Weber	[Electronically	Filed] Da	ate 10	/ 19 /	2015
NOTE: Submission of false, erro	neous, or incomplete inform	ation may subject the pers	son signing thi	s Report to th	e penalties of 2 L	J.S.C. §437g.
Office Use Only					FEC FOR Rev. 12/20	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC 09 01 2015 09 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 80031.35 January 1, 2015 (b) Cash on Hand at 170282.07 Beginning of Reporting Period..... 190290.49 17519.77 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 187801.84 270321.84 6(a) and 6(c) for Column B)..... 31822.00 114342.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 155979.84 155979.84 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1 mariaan	Niurooo	Association	$D \wedge C$
Amencan	11U15E5	ASSOCIATION	FAU

Report Covering the Period: From: 09	01 2015	To: 09 30 2015
I. Receipts	I. Receipts COLUMN A	
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	3555.00	52508.04
()		
(ii) Unitemized	13964.77	136782.45
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	17519.77	189290.49
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	3.30	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	17519.77	189290.49
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	1000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Scriedule 113)	0.00	0.00
(b) Lavin France (france Called Lie 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	17519.77	190290.49
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	17519.77	190290.49

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Tour to puto
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoval Chave	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	60.00
	(c) Total Operating Expenditures	0.00	60.00
2	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	60.00
۷.	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	31050.00	113300.00
4.	Independent Expenditures		
5.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	772.00	982.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	772.00	982.00
	(add Lines 28(a), (b), and (c))▶		002.00
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31822.00	114342.00
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	31822.00	114342.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17519.77	189290.49
4. Total Contribution Refunds (from Line 28(d))	772.00	982.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16747.77	188308.49
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	60.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	60.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

28

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Mary L. Behrens Date of Receipt Mailing Address 5504 E 22nd St 01 2015 City Zip Code State Transaction ID : AB8903872A36F435BA56 WY Casper 82609-4618 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Westside Woman's Clinic Family Nurse Practitioner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. June Como Date of Receipt Mailing Address 53 Fort Hill Circle 09 28 2015 City State Zip Code Transaction ID: AAF00C4D7C89D4904B22 Staten Island NY 10301-1716 Amount of Each Receipt this Period FEC ID number of contributing 620.00 federal political committee. Name of Employer Occupation College of Staten Island Assistant Professor-Graduate and Clini Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen Daley Date of Receipt Mailing Address PO Box 101 09 30 2015 City Zip Code State Transaction ID: A3BFF0F2B89064F528F5 MA Cotuit 02635-0101 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation President - American Nurses Associatio American Nurses Assn Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 1170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: **PAGE** 7 OF 28 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Ms. Margie L. Dorman-O'Donnell Date of Receipt Mailing Address 6729 Rolling Hills Dr 01 2015 City Zip Code State Transaction ID: ABCB1E241981F42C4BD0 TX North Richland Hills 76182-4358 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation RN Cool Children's medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Loretto Hart Date of Receipt Mailing Address 1319 Coldwater Rd NW 09 28 2015 City State Zip Code Transaction ID: ACA79530BD0B24961BB6 GA Dewy Rose 30634-2513 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation Loretto Hospital Educator Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Margoline Holmes Date of Receipt Mailing Address 8515 Georgia Ave 09 14 2015 City Zip Code State Transaction ID: ADB103ED457254F9C803 MD Silver Spring 20910-3403 Amount of Each Receipt this Period FEC ID number of contributing 600.00 С federal political committee. Name of Employer Occupation HOSPITAL CENTAL CONNECTIC Nurse Practitioner Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 735.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	NU	IMBER	:	PAGE	8	OF	28
(che	eck only	or or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Nurses Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Deanne Lewis  Mailing Address 650 W Robinson Dr  City Prescott  FEC ID number of contributing federal political committee.  Name of Employer UNEMPLOYED Receipt For: Primary General Other (specify)	State Zip Code AZ 86303-4802  C  Occupation RN  Aggregate Year-to-Date ▼  650.00	Date of Receipt  09 21 2015  Transaction ID : ABAD3ECE6DEE84FBDB  Amount of Each Receipt this Period  400.00
Full Name (Last, First, Middle Initial)  Ms. Dorothy M. Meehan RN  Mailing Address 7855 Blvd East Apt 16j  City  North Bergen  FEC ID number of contributing	State Zip Code NJ 07047-5931	Date of Receipt  09 24 2015  Transaction ID : A4865F0DCFF4A4630998  Amount of Each Receipt this Period
federal political committee.  Name of Employer Englewood Hospital  Receipt For:  Primary General Other (specify)	C Occupation RN Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial)  Dr. Roberta K. Olson  Mailing Address 1303 Wahpeton Pass  City  Brookings  FEC ID number of contributing federal political committee.  Name of Employer  South Dakota State  Receipt For:  Primary  Other (specify)	State Zip Code SD 57006-3641  C  Occupation Educator  Aggregate Year-to-Date ▼  250.00	Date of Receipt  09 08 2015  Transaction ID : AE6A3CD1CDFEF4054A7  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	900.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: **PAGE** 9 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Donna M. Policastro Date of Receipt Mailing Address 293 Whitford Ave 01 2015 City Zip Code State Transaction ID: A337121B9DDC64DDA805 RΙ Providence 02908-3354 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Rhode Island Association of Nurses **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. DONNA L. POOLE Date of Receipt Mailing Address 816 Madison Ave N 09 14 2015 City State Zip Code Transaction ID: A54743943F8CD4E2EBC3 Bainbridge Island WA 98110-1769 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Employer Unknown** LIAISON NURSE SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julia W. Powell Date of Receipt Mailing Address 3712 Lascassas Pike 30 09 2015 City State Zip Code Transaction ID: AA1FF356EA51041E8A25 TN Murfreesboro 37130-6856 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Senior Vice President NATIONAL HEALTHCARE Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Robin Schaeffer Date of Receipt Mailing Address 7438 E Knowles Ave 01 2015 City State Zip Code Transaction ID: A11451F8F7F714E7F842 Mesa ΑZ 85209-6211 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation ARIZONA NURSES ASSOCIATION **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) **B. PATRICIA VANMAANEN** Date of Receipt Mailing Address 4914 E Aire Libre Ave 09 19 2015 City State Zip Code Transaction ID: A24F206D2D40F47E9BA8 ΑZ Scottsdale 85254-9638 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pv Health Solutions Health Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 366.66 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... 3555.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Han annual of the Co	FOR LINE	NUMBER: PAGE 11 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Nurses Association PAC	;		
Full Name (Last, First, Middle Initial)  A. AL FRANKEN FOR SENATE			Date of Disbursement
Mailing Address PO BOX 583144			09 02 2015
Minneapolis	State         Zip Code           MN         55458-3144		Transaction ID : BB70BF81AC9044777BCE
Purpose of Disbursement Political Contribution Candidate Name			Amount of Each Disbursement this Period
Sen. Al Franken	ment For: 2020 Primary General	Category/ Type	1000.00
State: MN District:	Other (specify) ▼		
B. CICILLINE COMMITTEE  Mailing Address 102 Waterman St Ste 2			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code RI 02906-1170		Transaction ID : BDF2ECBADFBA347BB8
Purpose of Disbursement Political Contribution	02906-1170		Amount of Each Disbursement this Period
Candidate Name Rep. David N. Cicilline		Category/ Type	1000.00
	ment For: 2016  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. Courtney for Congress			Date of Disbursement
Mailing Address 38 Risley Rd			09 30 2015
City Vernon Purpose of Disbursement	State         Zip Code           CT         06066-5923		Transaction ID: B814B29FC3D3848E6B55
Political Contribution  Candidate Name		Category/	Amount of Each Disbursement this Period
Rep. Joe Courtney  Office Sought:  Senate  President  State: CT  District: 02	ment For: 2016 Primary General Other (specify)	Type	1000.00
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number only	)		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  American Nurses Association PAC	nents may not be sold or use ne and address of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. DEMOCRATIC CONGRESSIONAL  Mailing Address 430 S Capitol SE	_ CAMPAIGN COMN	IITTEE	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Washington Purpose of Disbursement Political Contribution Candidate Name	State Zip Code DC 20003-4024	0.1	Transaction ID: BC60B7601024D49ADA8A  Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate	nent For: 2015  Primary General  Other (specify)  Other2015	Category/ Type	5000.00
Full Name (Last, First, Middle Initial)  B. DEMOCRATIC SENATORIAL CAN  Mailing Address 120 Maryland Ave	MPAIGN COMMITTE	E	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Washington Purpose of Disbursement Political Contribution Candidate Name	State Zip Code DC 20002-5610	Category/	Transaction ID : B6244138DB1724B62B52  Amount of Each Disbursement this Period
Senate	nent For: 2015 Primary General Other (specify)  Other2015	Type	5000.00
Full Name (Last, First, Middle Initial)  C. FRIENDS OF SCHUMER  Mailing Address 403 LEXINGTON AVENUE SHITE	1001		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	1001 State Zip Code NY 10016-6823		Transaction ID : B6724437C503D4709B8F  Amount of Each Disbursement this Period
	nent For: 2016 Primary General Other (specify)	Category/ Type	1000.00
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			11000.00

Mailing Address 888 16th St NW Ste 570A  City Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought:  House President State: OR Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Mailing Address 888 16th St NW State Zip Code 20006-4103  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this Category/ Type  5  Category/ Type  Other (specify) ▼  Full Name (Last, First, Middle Initial)	butions nittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution from such committee to solicit contributions from such committe	butions nittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common NAME OF COMMITTEE (In Full)  American Nurses Association PAC  Full Name (Last, First, Middle Initial)  A. Jeff Merkley for Oregon  Mailing Address 888 16th St NW Ste 570A  City State Zip Code DC 20006-4103  Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement  Date of Disbursement  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Other (specify)   Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement this  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement	butions nittee.
NAME OF COMMITTEE (In Full)  American Nurses Association PAC  Full Name (Last, First, Middle Initial)  A. Jeff Merkley for Oregon  Mailing Address 888 16th St NW Ste 570A  City  Washington  Purpose of Disbursement  Political Contribution  Candidate Name  Sen. Jeff A. Merkley  Office Sought:  House  Disbursement For: 2020  Senate President  State: OR  District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement  Date of Disbursement  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Disbursement For: 2020  Category/ Type  Disbursement For: 2020  Senate Primary Other (specify)  Total Category/ Type  Disbursement For: 2020  Senate Primary  Date of Disbursement  Date of Disbursement	8594C8586 s Period
American Nurses Association PAC  Full Name (Last, First, Middle Initial)  A. Jeff Merkley for Oregon  Mailing Address 888 16th St NW Ste 570A  City Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR Disbursement For: 2020 Senate President State: OR Disbursement For: 2020 Senate Primary Other (specify)  State: OR Disbursement For: 2020 Senate Primary Other (specify)  Date of Disbursement  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Other (specify)  State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS	<b>3594C8586</b> s Period
Full Name (Last, First, Middle Initial)  A. Jeff Merkley for Oregon  Mailing Address 888 16th St NW Ste 570A  City Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement  Date of Disbursement  Transaction ID: B9EE7BCD15B  Transaction ID: B9EE7BCD15B  Category/ Type  5  Disbursement For: 2020  Primary Other (specify)  Date of Disbursement	<b>3594C8586</b> s Period
A. Jeff Merkley for Oregon  Mailing Address 888 16th St NW Ste 570A  City State Zip Code Washington DC 20006-4103  Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement  Og 02  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Other (specify)   Date of Disbursement	<b>3594C8586</b> s Period
Mailing Address 888 16th St NW Ste 570A  City Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR Disbursement For: 2020  Senate President State: OR Disbursement For: 2020  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS   State: Disbursement  Disbursement For: 2020  Amount of Each Disbursement this  Category/ Type  Category/ Type  Disbursement For: 2020  Disbursement For: 202	<b>3594C8586</b> s Period
Mailing Address 888 16th St NW Ste 570A  City Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR Disbursement For: 2020  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS   State: Zip Code 20006-4103  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this Category/ Type  5  Category/ Type  Other (specify) ▼  Date of Disbursement  Date of Disbursement  Date of Disbursement	<b>3594C8586</b> 4
City State Zip Code Washington DC 20006-4103  Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought: House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Seneral Other (specify) ▼  Disbursement For: 2020  Primary General Other (specify) ▼  Date of Disbursement	s Period
Washington Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought:  House President President State: OR Disbursement For: 2020  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Transaction ID: B9EE7BCD15B  Amount of Each Disbursement this  Category/ Type  Other (specify) ▼  Disbursement For: 2020  Primary General Other (specify) ▼  Date of Disbursement	s Period
Purpose of Disbursement Political Contribution  Candidate Name Sen. Jeff A. Merkley  Office Sought:  House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Amount of Each Disbursement this  Category/ Type  Category/ Type  Other (specify)  Frimary  General Other (specify)  Date of Disbursement	
Candidate Name  Sen. Jeff A. Merkley  Office Sought:  House President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Category/ Type  Disbursement For: 2020  Primary General Other (specify) ▼  Date of Disbursement	
Sen. Jeff A. Merkley  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Category Type  Disbursement For: 2020 General Other (specify) ▼  Date of Disbursement	500.00
Office Sought: House Disbursement For: 2020  Senate President Other (specify)   State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Disbursement For: 2020  Other (specify)   Disbursement For: 2020  Disbursem	
Senate President Other (specify) ▼  State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement	
State: OR District:  Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement	
Full Name (Last, First, Middle Initial)  B. JOE KENNEDY FOR CONGRESS  Date of Disbursement	
B. JOE KENNEDY FOR CONGRESS  Date of Disbursement	
	/ V
Mailing Address PO BOX 590464 09 30 2015	
City State Zip Code Transaction ID - Poca Conference	
NEWTON MA 02459	FF4F77A88
Purpose of Disbursement Political Contribution  Amount of Each Disbursement this	s Period
Candidate Name  Category/	
Rep. Joe P. Kennedy III	00.00
Office Sought: Disbursement For: 2016	
Senate	
State: MA District: 04	
Full Name (Last, First, Middle Initial)	
C. Karen Bass for Congress  Date of Disbursement	
Mailing Address 777 S Figueroa St 09 23 2015	
Ste 4050	
City State Zip Code Transaction ID : B427E69E81F6	A42EA84E
Los Angeles CA 90017-5864  Purpose of Disbursement	
Political Contribution  Amount of Each Disbursement this	s Period
Candidate Name Category/	
Rep. Karen R. Bass	500.00
Office Sought: House Disbursement For: 2016 Senate Primary General	
President Other (specify)	
The Capacity of	
State: CA District: 37	
	00.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	10 M DE 11:	14 OF 28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 28c 28c	25 26 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  American Nurses Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Full Name (Last, First, Middle Initial)				
A. Loebsack for Congress			Date of Disbursement	Y
Mailing Address PO Box 1457				2015
Iowa City	State Zip Code IA 52244-1457		Transaction ID : B9E86AF0	9B11C42DDB54
Purpose of Disbursement Political Contribution			Amount of Each Disbursemen	nt this Period
Candidate Name Rep. Dave W. Loebsack	"	Category/ Type	7	1000.00
Senate President	nent For: 2016  Primary General  Other (specify)			
State: IA District: 02   Full Name (Last, First, Middle Initial)  B. LOU BARLETTA FOR CONGRES	S		Date of Disbursement	Y
Mailing Address 1529 TERRACE BLVD 101 WEST BROAD STREET				2015
Hazleton	State         Zip Code           PA         18201-7527		Transaction ID : BFC49F88	A7A5640CBB69
Purpose of Disbursement Political Contribution			Amount of Each Disbursemen	nt this Period
Candidate Name Rep. Lou J. Barletta		Category/ Type		50.00
	nent For: 2016  Primary General  Other (specify)			
Full Name (Last, First, Middle Initial)				
C. National Republican Congressiona	I Committee		Date of Disbursement	YYY
Mailing Address 320 1st St SE			09 09 2	2015
Washington	State         Zip Code           DC         20003-1838		Transaction ID : B501CD5F	-9CD564014AEB
Purpose of Disbursement Political Contribution			Amount of Each Disbursemer	nt this Period
Candidate Name		Category/ Type		5000.00
Senate President	nent For: 2015 Primary General Other (specify)			
State: District:	Other2015			
SUBTOTAL of Disbursements This Page (optional)		·····•	7	6050.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 15 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	•	7 🗆
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,			
American Nurses Association PAC				
/ / / / / / / / / / / / / / / / / / /				
Full Name (Last, First, Middle Initial)				
A. National Republican Senatorial Co	mmittee		Date of Disburseme	ent
Mailing Address 425 2nd St NE			09 09	2015
Mailing Address 425 ZHd St NE			09 09	2013
City	State Zip Code			
Washington	DC 20002-4914		Transaction ID : E	34298BA9598914F72A5B
Purpose of Disbursement Political Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
Candidate Name		Category/	1	5000.00
Office Sought: House Disbursen	nent For: 2015	Type		
	Primary General			
President	Other (specify) ▼			
State: District:	Other2015			
Full Name (Last, First, Middle Initial)				
B. PEOPLE FOR PATTY MURRAY			Date of Disburseme	ent
AA-Than Addings			M M / D D	/
Mailing Address 1602 Belle View Blvd #510			09 23	2015
City	State Zip Code			
Alexandria	VA 22307-6531		Transaction ID : E	BE4808894CB20411984C
Purpose of Disbursement Political Contribution				
			Amount of Each Dis	sbursement this Period
Candidate Name Sen. Patty Murray		Category/		1000.00
	nent For: 2016	Туре		
	Primary General			
	Other (specify) ▼			
State: WA District:				
Full Name (Last, First, Middle Initial)				
C. Renee Ellmers for Congress Comn	nittee		Date of Disburseme	ent
McTar Address DOD 2004			M M / D D	/
Mailing Address PO Box 904			09 30	2015
City	State Zip Code			
	NC 28335-0904		Transaction ID : E	3716F109739444E298D1
Purpose of Disbursement Political Contribution				
			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Renee L. Ellmers  Office Sought: House Disbursen	nent For: 2016	Туре		1
	Primary General			
President	Other (specify)			
State: NC District: 02	· · · · · · · · · · · · · · · · · · ·			
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SCHEDULE B (FEC Form 3X)	Hen concrete achadula(=)	FOR LINE	-	PAGE 16 OF 28
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	Detailed Summary Page	27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the purpose	of soliciting contributions
or for commercial purposes, other than using the nam	ne and address of any politic	al committee to	solicit contribution	s from such committee.
NAME OF COMMITTEE (In Full)  American Nurses Association PAC				
American Nurses Association PAC				
Full Name (Last, First, Middle Initial)			Data of Diabura	omont
A. Schakowsky for Congress			Date of Disburs	ement
Mailing Address PO Box 5130				2015
City	State Zip Code		Transaction II	D : BC3D7CEB70E2C439AAE
Evanston Purpose of Disbursement	IL 60204-5130		Transaction is	J. BOJDTOEBTUEZO4J9AAE
Political Contribution			Amount of Each	Disbursement this Period
Candidate Name		Category/		1000.00
Rep. Jan D. Schakowsky  Office Sought:	ant Fam. 2012	Type		1000.00
	nent For: 2016 Primary General			
President	Other (specify) ▼			
State: IL District: 09				
Full Name (Last, First, Middle Initial)			5	
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		Category/ Type		
Office Sought: House Disburser				
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C.			Date of Disburs	ement
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City	State Zip Code			
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			Amount of Each	Disbursement this Period
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Office Sought: House Disburser	nent For:	Туре		
	Primary General			
President	Other (specify)			
State: District:				
OUDTOTAL of Distance in Time 5				1000.00
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		for each category of the Detailed Summary Page		21b	22	23		2		25	26			
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	information copied from such Reports and State													
$\overline{}$	or commercial purposes, other than using the nar	ne and address of any politi	cal commi	ittee to	solicit co	ntributi	ons	from	such c	ommi	itee.			
I \	AME OF COMMITTEE (In Full)													
	American Nurses Association PAC	,												
<u>Г</u>	ull Name (Last, First, Middle Initial)													
<b>A</b> . <sub>N</sub>	Ms. Myron Abeyta				Date of	f Disbu	ırse	ment						
_					M M / D D / Y Y Y Y									
M	lailing Address 1114 Parish St				09	J L	23	3	2	2015	_			
<u>C</u>	ity	State Zip Code												
	noxville	TN 37914-5972			Trans	action	ı ID	: BCF	A0D90	C8D79	B4DFB9			
	urpose of Disbursement			_										
_	Refund of unitemized contribution made				Amoun	t of Ea	ach	Disbur	rsemer	nt this	Period			
С	andidate Name		Catego							3	0.00			
	ffice Sought: House Disburse	ment For:	Туре	•		7	_		7					
O	Senate Disburse	Primary General												
	President	Other (specify) ▼												
S	tate: District:													
F	ull Name (Last, First, Middle Initial)													
B. /	Ayodele Akinsuyi				Date of	f Disbu	ırse	ment						
_	Latter Address				M = M	/		D /		Y   Y	Y			
IV	lailing Address 1490 Front St				09	1 1	23	3	2	2015	_			
C	ity	State Zip Code			<b>T</b>					DECO	477544			
	ast Meadow	NY 11554-2223			Trans	saction	טו ו	: BFD	54410	D5692	2477FAA			
	urpose of Disbursement Refund of unitemized contribution made							D: 1			<b>D</b>			
_	andidate Name				Amoun	t of Ea	acn	DISDUI	semer	it this	Period			
O	andidate Name		Catego Type							1	0.00			
ō	ffice Sought: House Disburse	ment For:	Турс			,			7					
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	President	Other (specify) ▼												
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	ull Name (Last, First, Middle Initial)				Date of	f Diala								
C. F	Ryclanah Babuk					_								
M	lailing Address 1410 1/2 Marquette St				09	/	23			y   y 2015	Y			
	,	State Zip Code			Trans	saction	ı ID	: B55	F6ABC	C0F7	B4D3FA			
	acine urpose of Disbursement	WI 53404-2744												
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SCHEDULE B (FEC Form 3X)	Han congrete asheduls(s)	FOR LINE	PAGE 18 OF 28	
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	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or use	d by any perso	1, ,	soliciting contributions
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Nurses Association PAC				
Full Name (Last, First, Middle Initial)				
A. Dr. Connie Rae Barker			Date of Disbursen	nent
Mailing Address 13256 Harbor Dr			09 23	
City	State Zip Code			
Temple	TX 76502-6811		Transaction ID :	BD4B33304CC3E47D89FC
Purpose of Disbursement				
Refund of unitemized contribution made			Amount of Each D	Disbursement this Period
Candidate Name		Category/		10.00
Office Sought: House Disbursen	nent For:	Type	7	
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent
B. Donna Baylous			M M / D I	
Mailing Address 14210 Silversand Ct			09 23	
City	State Zip Code		Transaction ID :	B75790F4058E04320AF8
Houston Purpose of Disbursement	TX 77044-2058			
Refund of unitemized contribution made			Amount of Each D	Disbursement this Period
Candidate Name		Category/		
		Type		10.00
Office Sought: House Disbursen				
	Primary General  Other (specify) ▼			
State: District:	Cirior (apcomy)			
Full Name (Last, First, Middle Initial)				
C. Gidget Black			Date of Disbursen	nent
Mailing Address 2000 Owner by			M M / D D	
Mailing Address 2023 Queensbury Dr			09 23	2015
City	State Zip Code		Transaction ID :	B0F4EFD5688874631B05
	GA 30102-1783		Transaction ib .	BUF4EFD3000074031B03
Purpose of Disbursement Refund of unitemized contribution made				
Candidate Name		Category/ Type	Amount of Each L	Disbursement this Period 10.00
Office Sought: House Disbursen	nent For:	: 7,50		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER:	PAGE 19 OF 28
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	ny information copied from such Reports and Staten for commercial purposes, other than using the name				
6	NAME OF COMMITTEE (In Full)	ie and address of any point	icai committee	to solicit contribut	dons from such committee.
$ \rangle$	American Nurses Association PAC				
_	Full Name (Last, First, Middle Initial)			D . ( D: 1	
Α.	Stephanie Bryson			Date of Disb	
	Mailing Address 24 Shawmut Ter Apt 4			09	23 2015
	,	State Zip Code		Transactio	n ID : B40A9A21D96FA4FF4837
	Framingham Purpose of Disbursement	MA 01702-5979			
	Refund of unitemized contribution made			Amount of E	ach Disbursement this Period
	Candidate Name		Category/		40.00
	0/5		Type		10.00
	Office Sought: House Disburser Senate	nent For:  Primary General			
	President	Other (specify)			
	State: District:	•			
	Full Name (Last, First, Middle Initial)				
В.	Margaret Chesnutt			Date of Disb	
	Mailing Address 2063 Oakview Rd SE			09	23 2015
		State Zip Code		Transactio	n ID : B8CBB0C3BD2194B00B1
	Atlanta Purpose of Disbursement	GA 30317-2556		_	
	Refund of unitemized contribution made			Amount of E	ach Disbursement this Period
	Candidate Name		Category/		10.00
	0/6		Type	,	10.00
	Office Sought: House Disbursen Senate	nent For:  Primary General			
	President	Other (specify)			
	State: District:	(-			
	Full Name (Last, First, Middle Initial)				
C.	Patricia Crespo			Date of Disb	
	Mailing Address 1317 Calle Del Oro			09	23 2015
	Maining Address 1917 Gaile Bel Glo				20,0
		State Zip Code		Transactio	n ID : BF939EF12178B48D9BD2
	El Paso Purpose of Disbursement	TX 79912		_	
	Refund of unitemized contribution made			Amount of E	ach Disbursement this Period
	Candidate Name		Category/ Type		10.00
	Office Sought: House Disburser		•	,	,
		Other (apacity) —			
	State: District:	Other (specify) ▼			
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s	SUBTOTAL of Disbursements This Page (optional)				30.00
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Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	The ariu address of arry politica	ai committee to	Solicit Contributions from Such Committee.
American Nurses Association PAC	;		
Full Name (Last, First, Middle Initial)			
A. Karen Daley			Date of Disbursement
Mailing Address PO Box 101			09 23 2015
City	State Zip Code		Transaction ID : B25660D44EBFA4F3887E
Cotuit	MA 02635-0101		Transaction ID : B25000D44EBFA4F3007E
Purpose of Disbursement Refund of unitemized contribution made			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	50.00
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Mrs. Motunrayo Dipeolu			Date of Disbursement
Mailing Address 2 Gwynn Lake Dr			09 23 2015
Gwynn Oak	State         Zip Code           MD         21207-6014		Transaction ID : BA0A5AFC563774A5AB9
Purpose of Disbursement Refund of unitemized contribution made			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	20.00
Office Sought:  House  Senate  President  State:  Disburser	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. Liberty East			Date of Disbursement
Mailing Address 2135 Lake Hills Dr Apt 1807			09 23 2015
City Kingwood	State Zip Code TX 77339-2308		Transaction ID : BF6E2F8CB2ED6400FA1
Purpose of Disbursement			
Refund of unitemized contribution made  Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:    House   Disburser	ment For:  Primary General  Other (specify)	туре	
2.55			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			80.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any information copied from such Reports and State or for commercial purposes, other than using the na			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Nurses Association PA	0		
Full Name (Last, First, Middle Initial) - Arlenda Foree			Date of Disbursement
Mailing Address PO Box 1029			09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dolton	State Zip Code IL 60419-7029		Transaction ID : BA9A56DE5DD014DC795
Purpose of Disbursement Refund of unitemized contribution made			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	10.00
Senate President	ement For:    Primary		
State: District:			
Full Name (Last, First, Middle Initial) - Anthony Gonzales			Date of Disbursement
Mailing Address 18611 N. 22nd St Lot 74			09 23 2015
City Phoenix	State Zip Code AZ 85024-3084		Transaction ID : BF7A573EF1A2A4B20923
Purpose of Disbursement Refund of unitemized contribution made			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	10.00
Office Sought: House Disbursi Senate President State: District:	ement For:    Primary		
Full Name (Last, First, Middle Initial) - Felicidad Green			Date of Disbursement
Mailing Address 11417 Abner Ave			09 23 2015
City Fairfax	State         Zip Code           VA         22030-6000		Transaction ID : B5972C56093724D61A0C
Purpose of Disbursement Refund of unitemized contribution made Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For:    Primary   General     Other (specify)	.,,,,	

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22						
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	ny information copied from such Reports and Stater								
or	for commercial purposes, other than using the nan	ne and address of any poli	tical c	ommittee t	o solicit contributions from such committee.				
$  \setminus $	NAME OF COMMITTEE (In Full)								
]/	American Nurses Association PAC	,							
_	Full Name (Last, First, Middle Initial)								
Α.	HealthCore Resource Inc.				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address 1001 Navaho Dr.				09 30 2015				
	Suite 101 City	State Zip Code							
	Raleigh	NC 27609-7366			Transaction ID : B425C6E885BB142A582				
	Purpose of Disbursement				-				
	Refund of unitemized Corporate Contribution				Amount of Each Disbursement this Period				
	Candidate Name		C	ategory/	120.00				
	Office Sought House Bistones	mont For:		Туре	120.00				
	Office Sought: House Disburser Senate	nent For:  Primary General							
	President	Other (specify)							
	State: District:	(-p // •							
	Full Name (Last, First, Middle Initial)								
В.	Katherine Hendricks				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address 103 Plumstead Ln				09 23 2015				
	City	State Zip Code							
	Clemmons	NC 27012-9570			Transaction ID : B0F07A3F608FE4DFAA				
	Purpose of Disbursement								
	Refund of unitemized contribution made				Amount of Each Disbursement this Period				
	Candidate Name		Ca	ategory/	30.00				
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	Senate Disburser	Primary General							
	President	Other (specify) ▼							
	State: District:	·							
	Full Name (Last, First, Middle Initial)								
C.	Lashonda Jennings				Date of Disbursement				
	Moiling Address OM Tadas at O				09 23 2015				
	Mailing Address 311 Tedmark Ct				09 23 2015				
	City	State Zip Code			Transaction ID : B4E2D65A5EF2441F7B0				
	Kankakee	IL 60901-4469			Transaction iD : 64E2D63A3EF2441F7B0				
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$\setminus$	NAME OF COMMITTEE (In Full)														
$  \ \rangle$	American Nurses Association PAC														
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	Full Name (Last, First, Middle Initial)					, -									
A.	Sandra Kappel				Date	of Di	isburse	ement							
	Mailing Address C404 N. Fairfield Ave Ant O				09			23		y = y 2015	Y				
	Mailing Address 6121 N. Fairfield Ave Apt 2				0.8	'		.3	4	2013					
	City	State Zip Code			_				<b></b>						
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	Mailing Address 3308 Preston Rd Suite 350 # 178				09	)	2	23		2015					
	City	75.0-1-													
	City S	State Zip Code TX 75093-7471			Tra	nsact	tion ID	) : BB	61D246	2F955	413A	853			
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٥.	Tammy Lawson									Y Y	. V				
	Mailing Address 26755 State Rd 2				09			23		y = y 2015	- Y				
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	South Bend	IN 46619-9795								5					
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I \	IAME OF COMMITTEE (In Full)												
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<u></u>	full Name (Last, First, Middle Initial)								—				
	Evangeline Manalili					Date o	f Di	sburse	emen	nt			
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N	Mailing Address 3900 Moorpark Ave Apt 56					09		2	23		2015		
_	Dity	State Zip Code							—				
	San Jose	CA 95117-1815				Trans	sact	ion ID	: BF	F044700	822ED	4345	991
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	Senate Sought.	Primary General											
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В.	Kife McDowell					Date o	of Di	sburse	emen	ıt			
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IV.	Mailing Address 7010 Staffordshire St Apt 336					09		2	23		2015	_	
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H	Houston	TX 77030-4132				Trans	sact	ion ID	): B6	6E5BF91	15AU4	/4881	1A9A
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	full Name (Last, First, Middle Initial)					Data a	4 D:						
<b>U</b> . (	Joan Mills					Date o							
N	Mailing Address 24310 Moulton Pkwy # O-1015					09	1		23		y = y 2015	Y	
	City	State Zip Code				Trans	sact	ion ID	) : BE	EE6049E	BAC1E	A413	318B1
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	Full Name (Last, First, Middle Initial)															
Α.	Ms. Joylin Negre						Date o	of Dis	sburse	emer	nt					
	Mailing Address 1208 E. Houston St Apt 74						09	/	2	23		2015	Y			
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	City S Tyler	State TX	Zip Code 75702-8448				Trans	sact	ion ID	) : B(	C6EBE	68061	34988BE2			
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R	Full Name (Last, First, Middle Initial)						Date o	of Dia	churc	omor	n+					
υ.	Lindsey Nelson															
	Mailing Address 4 Pine Dr					$\neg$	M = M		D	23	/   Y =	2015	- Y			
	Thing Bi												_			
	City S	State	Zip Code				Tran	sact	ion IF	) · BI	B759F2	75DF7	34B17949			
	Broad Brook	СТ	06016-9732					<b>-</b>			J. 0022					
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_	Full Name (Last, First, Middle Initial)															
C.	Jamie Paiva						Date c	of Dis	sburse	emer						
	Mailing Address 1488 Greenwich Rd						09	/	D	23		2015	Y			
	Maining Address 1400 Greenwich Ku						00		-	-0		2010				
	City	State	Zip Code				Tran		ian IF	) . D	A 2 4 D 0 C	25 4 52	045 4 504			
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$  \setminus $	NAME OF COMMITTEE (In Full)												
/	American Nurses Association PAC												
_	Full Name (Last, First, Middle Initial)												
A.	Kelly Peterman					Date o	of Di	sburse	emen	t			
						M M	/	D	D	/ Y	Y Y	Y	
	Mailing Address 709 Sundance Trl					09		2	23	2	2015	_	
	City	State Zip Code											
	Irving	TX 75063-4422				Trans	sact	ion ID	: B3	5E54F8I	BB520	C425C	:A1D
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		Primary General											
	President	Other (specify) ▼											
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_	Full Name (Last, First, Middle Initial)												
В.	Moriah Robertson					Date o	of Di	sburse	ement				
	Mailing Address 5040 Sea Isle Rd					09	/		23		y ■ y 2015	Y	
	Walling Address 5040 Sea Isle Ku					00		-	-0		2010		
	City	State Zip Code				Tran	sact	ion ID	) · B8	DA11A	DF3A?	24B0	4885
	Memphis	TN 38117-6310				· · · · ·	Juoi		. 50	DATIAL	JI 0/40	2-150	-000
	Purpose of Disbursement Refund of unitemized contribution made				7	Amour	nt of	Fach	Dish	ursemer	nt this	Perio	d
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C.	Katherine Robins					Date o	of Di	sburse	emen	t			
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	Mailing Address 4141 Bishops Place					09		2	23	2	2015		
	City	State Zip Code											
	City S Portsmouth	VA 23703-5503				Tran	sact	ion ID	) : BB	3D4D7B	1634D	445E9	9997
	Purpose of Disbursement			_	_								
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NAME OF COMMITTEE (In Full)					
American Nurses Association PAC					
Full Name (Last, First, Middle Initial)			Data of Dishamon		
A. Jennifer Rockweiler			Date of Disburser		
Mailing Address 54 Harrison Ln			09 23		
•	state Zip Code		Transaction ID	: BE14258C375D14015BF0	
Reedsburg Purpose of Disbursement	WI 53959-2510		Transaction 15	. 52142000070514070510	
Refund of unitemized contribution made		· · ·	Amount of Each I	Disbursement this Period	
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Full Name (Last, First, Middle Initial)					
B. Patricia Salefski			Date of Disburser	ment	
			M = M / D =		
Mailing Address 8013 174th Place			09 23	3 2015	
,	state Zip Code IL 60477-4528		Transaction ID	: B47F221E6E8ED465F848	
Tinley Park Purpose of Disbursement	IL 60477-4528				
Refund of unitemized contribution made			Amount of Each I	Disbursement this Period	
Candidate Name		Category/ Type		10.00	
Office Sought: House Disbursem					
	Primary General				
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Full Name (Last, First, Middle Initial)					
C. Mrs. Dawn A Steinman			Date of Disburser	ment	
Martin Addison DD D LTDD			M M / D		
Mailing Address 253 Rd 5800			09 23	3 2015	
City	State Zip Code		Transaction ID	. D2D66000554545454	
	NE 68327-7037		Transaction ID	: B3D66999551F44F119E4	
Purpose of Disbursement Refund of unitemized contribution made					
Candidate Name		Category/ Type	Amount of Each I	Disbursement this Period	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 28 OF 28		
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NAME OF COMMITTEE (In Full)					
American Nurses Association PAC					
Full Name (Last, First, Middle Initial)					
A. Jacqueline Stewart-Maia			Date of Disbursement  09 23 2015		
Mailing Address 11055 65th Ave Apt 77b					
City	State Zip Code		Transaction ID : F	8C9778191CF4B4FC6BB2	
Forest Hills Purpose of Disbursement	NY 11375-1469		Transaction ib . L	00977019101404100002	
Refund of unitemized contribution made		· · ·	Amount of Each Dis	sbursement this Period	
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Full Name (Last, First, Middle Initial)  B. Sharon Waronek			Date of Disburseme	ant	
B. Sharon Waronek			M M / D D	/	
Mailing Address 39699 Timberlane Dr			09 23	2015	
City Sterling Heights	State Zip Code MI 48310-2463		Transaction ID : E	37771FCB8C3EA49EDBB	
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President	Other (specify) ▼				
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C. Brandi Zavala			Date of Disburseme	ent	
Mailing Address (ALAU DI			M M / D D	/ Y Y Y Y Y Y	
Mailing Address 1 N. Allyson Place			09 23	2015	
City State Zip Code Vass NC 28394-7528			Transaction ID: B4FF525F316A84CE5913		
Vass Purpose of Disbursement	NC 26394-7526				
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